

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10601764

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
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4		/				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	25					
TOTAL CLAIMS	30					

	IND		DEP		IND		DEP		IND		DEP	
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TOTAL CLAIMS												